Colorado Department of Public Health and Environment -Water Quality Control Division Safe Drinking Water Program - Compliance Assurance Monitoring and Enforcement 4300 Cherry Creek Drive South, Denver, CO 80246-1530

DBP Form 2 - Haloacetic Acid (HAA5) Analysis Laboratory Report Form

Section	on I (to be com	pleted by the Pu	blic Water Systems only)	Section II (to be completed by Laboratories only)							
Public Water System Information				Laboratory Information							
PWSID #:				Laboratory Name:							
System Nan	ne:			Contact Pers	son:		Phone #:	Phone #:			
Address:				Comments:							
Contact Per	son:		Phone #:								
				Laboratory Authorized Signature			Title Date				
Sample	Collector	State Sample	Sample Site Name or	Date Lab	Date Lab	Laboratory	Analyte	Analytical	Lab MDL	Result	
Date		Point ID	Address	Received	Analyzed	Sample ID #		Method	μg/L	μg/L	
							Monochlo.Acid				
							Monobro. Acid				
							Dichlor. Acid				
							Trichlor. Acid				
							Dibromo. Acid				
							Total HAA5s				
Sample	Collector	State Sample	Sample Site Name or	Date Lab	Date Lab	Laboratory	Analyte	Analytical	Lab MDL	Result	
Date		Point ID	Address	Received	Analyzed	Sample ID #	·	Method	μg/L	μg/L	
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							Monobro. Acid				
							Dichlor. Acid				
							Trichlor. Acid				
							Dibromo. Acid				
							Total HAA5s				

Instructions on Reverse

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INSTRUCTIONS FOR COMPLETING

Haloacetic Acid Analysis Laboratory Report Form

Section I – To be Completed by the Public Water System Submitting the Samples to the Laboratory

- 1. PWSID #: Enter the Public Water System (PWS) Identification number assigned by CDPHE/WQCD.
- 2. System Name: Enter system legal name provided to CDPHE/WQCD when PWSID assigned.
- 3. Address: The PWS mailing address.
- 4. Contact Person: The person at the public water system who would be able to answer questions about these samples.
- 5. Phone: The phone number of the contact person.
- 6. Sample Date: The date the sample was collected
- 7. <u>Collector</u>: Enter the name or initials of the sample collector.
- 8. State Sample Point ID: Enter the State Sample Point ID from your schedule (e.g. MAXRES1, AVGRES1, or DBP001)
- 9. Sample Site Name or Address: Enter the sample site's local name, identifier, or address (e.g. SM6, or 100 Main St).

Section II - To be Completed by the Laboratory Reporting the Results

- 10. <u>Laboratory Name</u>: The name of the laboratory conducting the analyses.
- 11. Laboratory Contact: The name of the person at the laboratory that would be able to answer questions about these samples.
- 12. <u>Laboratory Phone Number</u>: The laboratory contact's phone number.
- 13. <u>Laboratory Comments</u>: Any relative comments with regards to the samples.
- 14. Authorized Signature: The person that signs the form must be the laboratory authorized representative. Include title and date signed.

Abbreviations

NT: Not Tested

B: The analyte is found in the associated blank as well as in the sample.

μg/L: Micrograms per Liter

MCL: Maximum Contaminant Level

BDL: Compound was analyzed, but the result was below the laboratory MDL

Lab MDL: Laboratory Method Detection Limit

J: Indicates the presence of a compound that meets the identification criteria, but the result is less than the practical

quantitation limit (PQL) and greater than the Laboratory Method Detection Level (MDL).

(Above the Lab MDL, but below the PQL.)